

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003934

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 254 STATE FILE NUMBER

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.,</u>		Length of stay in 1b <u>D.O.A.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis, Mo.,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christan Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2116 East Adelaide Ave.,</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>HORN</u> Last						4. DATE OF DEATH Month <u>January</u> Day <u>6,</u> Year <u>1962</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-13-1893</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Proprietor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Horn Sweet Shop</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.,</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.,</u>			
13a. FATHER'S NAME <u>Oscar Horn</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Snyder</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs Meta Horn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Mrs Meta Horn, 2116 E. Adelaide Ave.,</u>					
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>420.0</u>										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <u>10:30</u> a.m. p.m. Month, Day, Year <u>June 19 54</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from <u>June 19 54</u> to <u>1-6-62</u> and last saw him alive on <u>1-5-62</u> Death occurred at <u>10:30 P.M.,</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>H.E. Morris M.D.</u> (Degree or title)						22b. ADDRESS <u>4110 W FLORISSANT AVE</u>			22c. DATE SIGNED <u>1-8-62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		23b. DATE <u>1-10-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>				23d. LOCATION (City, town, or county) <u>St. Louis, County, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Math. Hermann & Son Inc. 2161 E. Fair Ave.,</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JAN 8 1962</u>		26. REGISTRAR'S SIGNATURE <u>Koal Smith M.D.</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold S. Burnley

Licensed Embalmer No.

4202

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.